

December 10, 2009

Clerk, U.S. Bankruptcy Court

Below is an Order of the Court.



TRISH M. BROWN
U.S. Bankruptcy Judge

UNITED STATES BANKRUPTCY COURT
DISTRICT OF OREGON

In re:

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Case No: _____
APPLICATION FOR SPECIAL
ADMISSION *PRO HAC VICE*,
AND ORDER THEREON
Adv. Proc. No. (if applicable):_____

Debtor(s)Plaintiff(s)

v.

Defendant(s)

The undersigned, attorney for the following named party(s): _____, moves for admission of the following attorney *pro hac vice*: _____

(a) APPLICANT ATTORNEY INFORMATION

(1) Personal Data:

- (A) Attorney's Name:
- (B) Firm or Business Affiliation:
- (C) Mailing Address:
- (D) Business Telephone Number:
- (E) Fax Telephone Number:
- (F) E-Mail Address:

(2) **Bar Admissions Information:** I certify that I am now a member in good standing of the following State and/or Federal Bar Association:

(A) State Bar Admissions, Standing, Admissions Date and BAR ID Number:

(B) Federal Bar Admissions, Standing, Admissions Date and BAR ID Number:

(3) **Certification of Disciplinary Proceedings:**

I certify that I am not now, nor have I ever been subject to any disciplinary action by any State or Federal bar association or administrative agency.

I certify that I am now, or have been subject to disciplinary action from a State or Federal bar association or administrative agency (see attached letter of explanation).

(4) **Certification of Professional Liability Insurance:** I certify that I have a current professional liability insurance policy that will apply in this case, and that the policy will remain in effect during the course of these proceedings.

(b) **CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:** I certify that:

(1) I am a member in good standing of the Bar of this court, and that I will serve as designated local counsel in this particular case.

(2) I have verified the information supplied by the applicant in pt. (a)(2).

(3) **Local Counsel's Personal Data:**

(A) Name and Oregon State Bar ID Number:

(B) Firm or Business Affiliation:

(C) Mailing Address:

(D) Business Telephone Number:

(E) Fax Telephone Number:

(F) E-Mail Address:

(4) **Meaningful Participation Requirements:** I certify that I have discussed the participation requirements of LR 83.3 with my associate counsel.

(c) **SIGNATURES OF COUNSEL**

Local Counsel
NAME:
ADDRESS:

PHONE:

Special Admissions Applicant
NAME:
ADDRESS:

PHONE: